

215024153
49472

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 5

1	Total Number of Vehicles	Local No./ District 091	Agency Case No. B5-053943	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/17/2015		TIME OF ACCIDENT 1915	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1918	06/18/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. S 3rd Street		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	112.00		X		South Curb of D Street	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input checked="" type="radio"/> YES <input type="radio"/> NO	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13611188		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER VERNON A HADDOCK		PHONE 4024207773	LOCAL NO.		
V2/N	DRIVER ADDRESS 301 D Street, LINCOLN, NE 68502		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10/19/1971	
G	OWNER KELLY M KING (03-15-1968)		PHONE 4024207773	LOCAL NO.		
2	OWNER ADDRESS 301 D Street, Lincoln, NE 68502		CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB477036	
H	LICENSE PLATE PA NO.	TEM146		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V1/O	VEHICLE	YEAR 1998	MAKE Plymouth	MODEL GSX	BODY STYLE Mini van	COLOR white
3	VEHICLE ID NO. (VIN)	1P4GP44G7WB664930		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3500	INSURANCE COMPANY	
V2/O	TOWED TO	TOWED BY		POLICY NO.	None	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER		PHONE	LOCAL NO.		
V2/P	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
J	OWNER		PHONE	LOCAL NO.		
01	OWNER ADDRESS		CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q	LICENSE PLATE NO.			YEAR (Plate Expires)		STATE (Of Plate)
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
K	VEHICLE ID NO. (VIN)			ESTIMATED DAMAGE <input type="radio"/> TOALED \$	INSURANCE COMPANY	
05	TOWED TO	TOWED BY		POLICY NO.		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

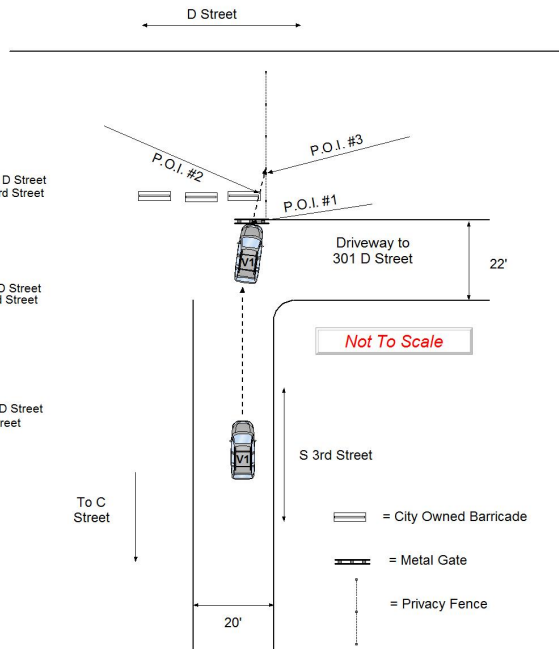
AGENCY CASE NO.
B5-053943



Point Of Impact #1 (Metal Gate)
- 112' South of South Curb of D Street
- 2' West of East Curb of S 3rd Street

Point Of Impact #2 (Barricade)
- 110' South of South Curb of D Street
- 2' West of East Curb of S 3rd Street

Point Of Impact #3 (Privacy Fence)
- 108' South of South Curb of D Street
- Even With East Curb of D Street



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Robert called police after his wife, Katricia, observed D1 crash V1 into a barricade, metal gate, and a privacy fence. Robert said he heard the car crash and then observed D1 get out of V1 with a beer in his hand. Robert stated D1 looked at the damage to V1 and then went inside his residence. Katricia stated she observed V1 traveling NB on S 3rd Street from C Street. Katricia estimated V1's speed at 45-55 mph. Katricia stated V1 ran straight off the road, hit a warning barricade, hit a metal fence, and then hit a privacy fence. Katricia stated while D1 was operating V1 she did not notice anything wrong with V1 other than it was traveling too fast. Katricia and Robert both stated it is common for D1 to travel at a high rate of speed in the neighborhood. V1 was located disabled inside the backyard of 301 D Street. V1 was inspected and inside officers found several cans of Milwaukee's best Ice. Outside of V1 was an open can of Milwaukee's ...

PROPERTY	OBJECT DAMAGED Privacy Fence	OWNER NAME Kelly M King (03-15-1968)	ADDRESS 301 D Street, Lincoln, NE 68502	PHONE 4024207773	APPROX. COST OF DAMAGE \$ 1000
	OBJECT DAMAGED Metal Gate	OWNER NAME Kelly M King (03-15-1968)	ADDRESS 301 D Street, Lincoln, NE 68502	PHONE 4024207773	APPROX. COST OF DAMAGE \$ 500
WITNESSES	NAME Robert J Miedl (03-04-1983)	ADDRESS 240 D Street, Lincoln, NE 68502	PHONE 4025702298		
	NAME Katricia B Miedl (07-28-1982)	ADDRESS 240 C Street, Lincoln, NE 68502	PHONE 4025702298		

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	(Enter numbers for each vehicle)																																		
1	X				S 3rd Street					4				9				<table border="1"> <tr> <td>ALCOHOL TESTING</td> <td>Driver No. 1</td> <td>Driver No. 2</td> <td>Pedestrian</td> </tr> <tr> <td></td> <td>Y</td> <td>X</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>N</td> <td>N</td> <td>N</td> </tr> <tr> <td>BAC LEVEL</td> <td colspan="3">.134</td> <td></td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian		Y	X	Y	Y	ALCOHOL LEVEL TESTED	N	N	N	N	BAC LEVEL	.134			
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																																					
	Y	X	Y	Y																																				
ALCOHOL LEVEL TESTED	N	N	N	N																																				
BAC LEVEL	.134																																							
2																																								
1	01	06 Turning left				VEHICLE 1				VEHICLE 2																														
2		08 Entering traffic lane				POINT OF IMPACT				POINT OF IMPACT																														
						MOST DAMAGED AREA				MOST DAMAGED AREA																														
						00 None				02 03 04																														
						09 Top & windows				01 05																														
						10 Undercarriage				08 07 06																														
						11 Total (all areas)																																		
						12 Other																																		
01 Essentially straight ahead						09 Leaving traffic lane																																		
02 Backing						10 Parked																																		
03 Changing lanes						11 Slowing or stopped in traffic																																		
04 Overtaking/ Passing						12 Other																																		
05 Turning right						13 Unknown																																		
OFFICER NO. 1662						TROOP/ TEAM/ BEAT 7						DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																						
INVESTIGATOR NAME (Print or Type) Dustin Romshek						INVESTIGATOR SIGNATURE Approved by Officer Dustin Romshek						DATE OF REPORT 06/18/2015																												

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 5

Local No./
District

091

Agency
Case
No.

B5-053943

STATE USE ONLY

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

06/17/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. S 3rd Street

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.			
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEH. #	VEHICLE NO.	VEH. #					
	DRIVER LICENSE NO.	STATE (Of License)	SEX <input type="radio"/> FEMALE <input type="radio"/> MALE				
M	DRIVER	PHONE	LOCAL NO.				
N	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)				
O	OWNER	PHONE	LOCAL NO.				
P	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> PENDING	CITATION NO.			
Q	LICENSE PLATE NO.	YEAR (Plate Expires)	STATE (Of Plate)				
	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$
	VEHICLE ID NO. (VIN)	INSURANCE COMPANY					
	TOWED TO	TOWED BY	POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE				RESTRAINT USE VEHICLE				TOTAL OCCUPANTS		VEH		VEH							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE				VEHICLE				VEHICLE				VEHICLE				Driver No.		Driver No.	
									POINT OF IMPACT				POINT OF IMPACT												ALCOHOL LEVEL TESTED		ALCOHOL/DRUGS SUSPECTED	
									MOST DAMAGED AREA				MOST DAMAGED AREA												BAC LEVEL			
									01 Essentially straight ahead				02 Deployed - front				1 None used - vehicle occupant								1 Neither alcohol nor drugs suspected			
									02 Backing				02 Deployed - side				2 Lap & shoulder belt used								2 Yes - alcohol suspected			
									03 Changing lanes				03 Deployed - both front/side				3 Shoulder belt only used								3 Yes - drugs suspected			
									04 Overtaking/Passing				4 Not deployed				4 Lap belt only used								4 Yes - alcohol & drugs suspected			
									05 Turning right				5 Not applicable/No airbag available				5 Child safety seat used								5 Unknown			
									06 Turning left				6 Unknown				6 Costume helmet used											
									07 Making U-turn								7 DOT approved helmet used											
									08 Entering traffic lane								8 Restraint use unknown											
									09 Leaving traffic lane																			
									10 Parked																			
									11 Slowing or stopped in traffic																			
									12 Other																			
									13 Unknown																			

Complete this section for all injured persons

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
	NAME	ADDRESS							
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-053943

PROPERTY	OBJECT DAMAGED Warning Barricade	OWNER NAME City of Lincoln	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$ 500
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1662		TROOP/ TEAM/ BEAT 7		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Dustin Romshek			INVESTIGATOR SIGNATURE Approved by Officer Dustin Romshek		DATE OF REPORT 06/18/2015

49472

Investigator's Motor Vehicle Accident Description Continuation Report Sheet 5 of 5

Local No./ District	091
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Agency	
Case	
No.	B5-053943

STATE USE ONLY

DATE OF ACCIDENT (MM / DD / YYYY)

06/17/2015

PLACE OF ACCIDENT

COUNTY

Lancaster

CITY Lincoln

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO.

S 3rd Street

Best Ice. It was half full, cold to the touch, sweating, and the liquid inside had the odor of an alcoholic beverage. D1 was contacted after walking outside of his residence. D1 was found to be highly intoxicated. D1 admitted to being in the accident as the driver and sole occupant of the motor vehicle. D1 stated he couldn't stop. D1 stated after the accident he did not consume any alcohol. D1 later blamed the accident on bad tires, then a blown tire, and then no brake fluid. Kelly, property owner and D1's fiancée, stated D1 came inside the house after the accident and stated 'I fucked up'. Kelly said D1 did not consume any alcohol after the accident. D1 stated he also consumed numerous prescription medications prior to driving as well. D1 tested a .134 grams of alcohol per 210 liters of breath on a formal chemical test.

OFFICER NO.

1662

TROOP/
TEAM/
BEAT 7

DEPARTMENT

Lincoln Police Department

INVESTIGATOR NAME (Print or Type)

Dustin Romshek

INVESTIGATOR SIGNATURE

Approved by Officer Dustin Romshek

DATE OF
ACCIDENT

06/18/2015